

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155291		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/07/2012	
NAME OF PROVIDER OR SUPPLIER EAGLE VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for the Investigation of Complaints IN00104419 and IN00104431.</p> <p>Complaint IN00104419: Substantiated. Federal/State deficiency related to the allegations is cited at F157.</p> <p>Complaint IN00104431: Unsubstantiated. lack of sufficient evidence.</p> <p>Survey dates: March 5, 6, and 7, 2012</p> <p>Facility number: 000188 Provider number: 155291 AIM number: 100266310</p> <p>Survey team: Janet Stanton, R.N.</p> <p>Census bed type: SNF--5 SNF/NF--95 Total--100</p> <p>Census payor type: Medicare--14 Medicaid--71 Other--15 Total--100</p> <p>Sample: 9</p>		F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey revisit on or after March 23, 2012.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on March 8, 2012 by Bev Faulkner, RN</p>						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to ensure that a legally-responsible family member was immediately notified about a resident's fall, for which the physician subsequently</p>		F0157	<p>F 157 Notify of Changes It is the practice of this facility to</p>		03/23/2012	

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	<p>ordered an X-Ray to rule out a hip fracture; for 1 of 3 residents reviewed for legal representative notification of falls; in a sample of 7 residents. [Resident #F]</p> <p>Findings include:</p> <p>During the initial orientation tour on 3/5/12 at 9:35 A.M., the Assistant Director of Nursing indicated Resident #F had sustained a fall without injury sometime in February, 2012.</p> <p>The clinical record for Resident #F was reviewed on 3/5/12 at 1:15 P.M. Diagnoses included, but were not limited to, end-stage renal disease with hemodialysis, senile dementia, ischemic heart disease with a pacemaker, and hypertension.</p> <p>An electronic record Progress Note, dated 2/21/12 at 5:49 A.M., indicated "C.N.A. alerted this nurse to come to Resident room. Resident was lying on floor next to bed on right side.... Resident stated 'I was trying to get up and go to the bathroom' when asked what happened. Resident denies pain or discomfort.... ROM [Range of Motion] to all extremities are normal for this resident.... Assisted to bed X 3 staff.... Resident education on call light given, call light placed in easy reach. No injury noted with this fall.</p>		<p>immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in 483.12 (a). This facility will also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in roommate assignment as specified in 483.15 (e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b) (1) of this section. This facility will record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>What corrective action(s) will be accomplished for those residents found to have been</p>				

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	<p>M.D./D.O.N. [Medical Doctor/Director of Nursing] notified, new order received for right hip X-Ray.... X-Ray of right hip obtained, awaiting results...."</p> <p>An I.D.T. [Interdisciplinary Team] progress note, dated 2/21/12 at 10:07 A.M., indicated "I.D.T. review of incident on 2/21/12 at 3:30 A.M. C.N.A. summoned licensed nurse to resident room. Resident was found lying on floor on her right side with knees bent.... Resident stated she was trying to get up and go to bathroom.... No injury noted. Family and M.D. notified. New order obtained for x-ray to right hip to rule out fracture...."</p> <p>On 2/21/12 at 3:45 A.M., the attending physician ordered "Right hip X-Ray to rule out fracture."</p> <p>An electronic record "Fall Event" form, completed on 2/21/12 at 5:47 A.M. by the licensed nurse summoned to the resident's room, indicated the physician was notified on 2/21/12 at 3:45 A.M.. However, the form indicated the family was not notified.</p> <p>In an interview on 3/6/12 at 8:50 A.M., the Executive Director indicated the nurse on duty had not notified the legally-responsible family member. She</p>		<p>affected by the deficient practice? · The family member of resident # F was notified of the incident on 2/22/12 by the Assistant Director of Nursing. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · Residents residing in the facility have the potential to be affected by the alleged deficient practice. · The Staff Development Coordinator and or designee will re-educate licensed nurses on Resident Change in Condition and the Fall Management Program by 03/20/12. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? · The interdisciplinary team will review all falls the first business day after the day of the fall to ensure physician and family notification is made. -The interdisciplinary team will review physician orders daily Monday thorough Friday to ensure that family has been notified or new orders promptly. -The weekend supervisor will review falls that occur over the weekend to ensure physician and family notification is made. -The weekend supervisor will review orders received on Saturday and Sunday to ensure that</p>				

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	<p>indicated the Assistant Director of Nurses had contacted the family member on 2/22/12 to inform the family member about the results of the X-ray. During the phone conversation, the family member told the Assistant Director of Nursing that she was unaware of the fall and had not been notified. Following the conversation, the Assistant Director of Nursing submitted a grievance form for the family member.</p> <p>Upon investigation, the facility determined that licensed nursing staff had received prior inservice training on change of condition and notification. The licensed nurse involved had not notified the family member about the fall.</p> <p>On 3/6/12 at 9:30 A.M., the Executive Director provided a Policy/Procedure titled "Fall Management Program." The policy had an original date of 07/01, with revisions on 07/04, 09/06, and 03/10.</p> <p>The "Procedure" included, but was not limited to, the following:</p> <p>"3. The family will be notified immediately by the charge nurse of falls with injury. If there are no injuries, notify the family during day or evening hours (if a fall occurred during the middle of the night, wait until morning)."</p>		<p>family members have been notified timely. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>- A Fall Management CQI tool will be utilized weekly times four weeks, monthly times three months and then quarterly thereafter. -A Change in Condition CQI tool will be utilized weekly times four weeks, monthly times three months, and then quarterly thereafter. -Data Collected will be submitted to the CQI committee for review. If threshold of 90% is not achieved, an action plan will be developed.</p> <p>Completion Date: March 23, 2012</p>				

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	<p>This Federal tag relates to Complaint IN00104419.</p> <p>3.1-5(a)(1)</p>						